
From: Fong, Donna [/O=CORPNYCHHC/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=533D0CEE65784592BD5FAF75BC1FA7A6-FONG, DONNA]
Sent: 1/10/2019 12:08:45 PM
To: WANGEL, JONATHAN [wangelj@nychhc.org]
Subject: FW: Melissa Kaye FMLA/To care for ill family member leave approval - retro

FYI

From: Kaye, Melissa
Sent: Monday, December 03, 2018 11:03 AM
To: Mendez, Maria ; Fong, Donna
Subject: Re: Melissa Kaye FMLA/To care for ill family member leave approval - retro

Thank you for this clarification. I will pass this along to the doctor and ask her to fill out page 4 again with clarification of this information.

Melissa Kaye, M.D.
Medical Director
Bronx Court Clinic
phone: 718-410-2345
Fax: 718-410-2344

From: Mendez, Maria
Sent: Monday, December 3, 2018 10:16 AM
To: Kaye, Melissa; Fong, Donna
Subject: RE: Melissa Kaye FMLA/To care for ill family member leave approval - retro

Hello Melissa,

I see the scheduled days on page 4, however, for the unpredictable flare-ups, we would need an estimation of the times it may occur, which is the frequency/duration (question # 7). How many times per month you may need to be out due to the unpredictable flare-ups.

From: Kaye, Melissa <Melissa.Kaye@nychhc.org>
Sent: Monday, November 26, 2018 8:49 AM
To: Fong, Donna <fongd@nychhc.org>
Cc: Ayarza, Saadya <Saadya.Ayarza@nychhc.org>; Smith, Ciara <smithc45@nychhc.org>; Mendez, Maria <Maria.Mendez@nychhc.org>; Jain, Abhishek <jaina7@nychhc.org>
Subject: Re: Melissa Kaye FMLA/To care for ill family member leave approval - retro

Good Morning Ms. Fong,

Thank you for reaching out. On page 4 of the original FMLA documentation that I submitted, my son's doctor listed specific planned dates that I need to be out to administer his treatment. These dates included 11/13, 11/14, 11/21, 11/23, which as I understand are now in question and not being processed as FMLA leave.

My son's physician also noted that due to the unpredictable nature his illness, he has flares that require treatment and use of unplanned FMLA leave.

To date, all the FMLA days I have taken have been scheduled treatments listed on page 4 of the original documentation approved by Central Office.

I asked his doctor to fill out the paperwork again but she unclear what specifically needs to be clarified. Please let me the additional information you need from his doctor and I will obtain that.

Thank you,

Melissa Kaye, M.D.
Medical Director
Bronx Court Clinic
phone: 718-410-2345
Fax: 718-410-2344

From: Fong, Donna
Sent: Friday, November 23, 2018 3:03 PM
To: Kaye, Melissa
Cc: Ayarza, Saadya; Smith, Ciara; Mendez, Maria; Jain, Abhishek
Subject: RE: Melissa Kaye FMLA/To care for ill family member leave approval - retro

Hi Dr. Kaye,

Until your intermittent FMLA is approved, you need to use regular 02 for the time you take care of your family member. Once Maria receives the revised information and retro (if applied) approves your leave, payroll/timekeeping department will update the leave with the sufficient code.
Kindy let us know if you have any questions.
Thank you.

Donna

From: Mendez, Maria
Sent: Friday, November 23, 2018 2:59 PM
To: Fong, Donna <fongd@nychhc.org>
Cc: Kaye, Melissa <Melissa.Kaye@nychhc.org>; Ayarza, Saadya <Saadya.Ayarza@nychhc.org>; Smith, Ciara <smithc45@nychhc.org>
Subject: Re: Melissa Kaye FMLA/To care for ill family member leave approval - retro

Hello Donna,

I have not received the revised information as requested.

Sent from my iPhone

On Nov 23, 2018, at 2:58 PM, Fong, Donna <fongd@nychhc.org> wrote:

Good afternoon Maria

Can you please confirm if Dr. Kaye's intermittent FMLA is approved?
Thank you.

Donna

From: Mendez, Maria
Sent: Wednesday, November 14, 2018 11:58 AM
To: Kaye, Melissa <Melissa.Kaye@nychhc.org>
Cc: Jain, Abhishek <jaina7@nychhc.org>; Fong, Donna <fongd@nychhc.org>; Barrow, Colleen <Colleen.Barrow@nychhc.org>; CHS Payroll <CHSPayroll@nychhc.org>; WANGEL, JONATHAN <wangelj@nychhc.org>
Subject: RE: Melissa Kaye FMLA/To care for ill family member leave approval - retro

Hello Melissa,

In reviewing the FMLA forms for intermittent leave, the doctor stated the frequency/duration of the absences needed to care for your family member as 1 – 4 times per 5 – 180 weeks for 1 – 2 months. I think we need further clarification on the frequency/duration. Please have the doctor revise this page only (page 4, question #7) and return to my attention only.

Thank you,
Maria

From: Kaye, Melissa
Sent: Thursday, November 8, 2018 1:46 PM
To: Mendez, Maria <Maria.Mendez@nychhc.org>
Cc: Jain, Abhishek <jaina7@nychhc.org>; Fong, Donna <fongd@nychhc.org>; Barrow, Colleen <Colleen.Barrow@nychhc.org>; CHS Payroll <CHSPayroll@nychhc.org>; WANGEL, JONATHAN <wangelj@nychhc.org>
Subject: Re: Melissa Kaye FMLA/To care for ill family member leave approval - retro

Hi Ms. Mendez,
Thank you for sending this information. As outlined in the letter from my son's doctor, I will continue to require intermittent FMLA, both planned and unplanned. The planned dates I will be utilizing FMLA are noted in the original paperwork I submitted.
I will be out on FMLA on 11/13 and 11/14.
Please advise on how I am to code my timesheet for those days.

Thank you very much for your help,
Dr. Melissa Kaye

Melissa Kaye, M.D.
Medical Director
Bronx Court Clinic
phone: 718-410-2345
Fax: 718-410-2344

From: Mendez, Maria
Sent: Tuesday, October 30, 2018 3:57 PM
To: Kaye, Melissa
Cc: Jain, Abhishek; Fong, Donna; Barrow, Colleen; CHS Payroll
Subject: Melissa Kaye FMLA/To care for ill family member leave approval - retro

Melissa,

Attached, please find a letter retroactively approving your leave of absence to care for your ill family member. Thank you.

Your time sheets should be coded as outlined on the letter. Any changes, please submit directly to Payroll. If you have any questions/concerns, please do not hesitate to contact me.

Kind regards,

Maria Mendez

Assistant Director

HRSS Leaves Administration

Phone: (212) 748-2267

Fax: (347) 671-8491

Maria.Mendez@nychhc.org